497 Contribution Report		may he rounded to W	nole dollars	Received Oxnard City Clark		
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AREA CODE/PHONE NUMBER I.D. NUMBER (if applicable)			18-3		For Official Use Only	
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Street		to Report No.				
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FULL NAM	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTO (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)		AMOUNT RECEIVED
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Reason for Amendment: __

*Contributor Codes

IND - Individual

COM – Recipient Committee (other than PTY or SCC)
OTH – Other (e.g., business entity)
PTY – Political Party
SCC – Small Contributor Committee